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Walden University

College of Health Sciences

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Cheryl J. McNamara

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Walden University

2019

Abstract

Fostering Self-Care and Nurse Resilience

by

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MS, University of Maryland, 1998

BS, Towson State University, 1984

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

May 2019

Abstract

Role expectations and stressful work environments place nurses at high risk for burnout. Nurses at an urban hospital were experiencing unhealthy work environments and not engaging in self-care to promote health and wellbeing. The purpose of this project was to evaluate the effectiveness of an existing quality improvement (QI) initiative developed to encourage nurses to engage in self-care. Pender's health promotion model supported the premise that despite barriers, nurses will engage in self-care. A survey elicited responses from 1,248 participating registered nurses on the extent of their engagement with self-care and perceived effect on their health, health knowledge, stress level, and resilience. A chi-square test of independence was used to determine the relationship between participation in unit activities and the participants' health, health knowledge, stress level, and resilience. Thirty-one percent ($n = 387$) participated and 69% ($n = 861$) did not participate. No relationship existed between overall participation and the nurses' health, health knowledge, stress level, and resilience. A positive relationship existed between the number of activities and the nurses' health, health knowledge, and stress level. No relationship existed between the number of activities and resilience. Reasons for participation were to improve or maintain health. Barriers included activities not available on all shifts and heavy workload. Recommendations include offering lunch-and-learn educational health programs, offering educational programs to foster resiliency, and offering activities on different shifts. Nurses who engage in self-care have the potential to serve as role models for positive social change for patients, families, and colleagues.

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Dedication

This work is dedicated to my family. My husband Shawn has always supported and encouraged me to go further and not be constrained by my own limitations. His love means everything to me. My three beautiful and amazing children Brianne, Meghan, and Ryan always supported me as I pursued my professional goals but being a mom will always be my best job. To my children's significant others Aaron, Curvin, and Starr, you hold a special place in my heart. Our family would not be complete without you. To my four beautiful grandchildren Lillian, Caine, Harper, and Adelyn, who are too young to understand but gave me laughter and love to sustain me. I also dedicate this to my parents Virginia and Alan Frederick. My mother taught and showed me what it meant to care for others and was my inspiration for becoming a nurse. My mother-in-law Helen Eileen McNamara gave me love, support, and encouragement to always pursue my goals. I miss her so much and wish she were here to celebrate this with me. Last, to all the nurses who give so much of themselves every day to ensure their patients receive the best care.

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Section 1: Nature of the Project

Introduction

The profession of nursing is very demanding both physically and emotionally. Nurses care for patients who have very complex health issues and families that need support and comfort during challenging times. Approximately 62% of the almost 3 million nurses in the United States (US) work in hospitals which are stressful work environments due to the acute nature of the patients (Mullen, 2015). Patients' suffering, death, ethical dilemmas, technology, and institutional demands are some of the environmental stressors that nurses may encounter (Kravits, McAllister-Black, Grant, & Kirk, 2010). Other environmental stressors that impact nurses include not having adequate resources to finish tasks, too much stimuli causing decreased concentration, insufficient work space, and numerous interruptions (Solomon et al., 2016). Role expectations and the demanding work environment place nurses at high risk for burnout, which can lead to stress related disorders. Burnout is the accumulation of stress that occurs due to work expectations that are unreasonable or the stressful work environment (Smit, 2017). Individuals experiencing burnout may have feelings of physical fatigue, emotional fatigue, and decreased energy (Brennan, 2017). Emotional exhaustion from burnout may cause compassion fatigue where the nurse detaches and exhibits less compassion and empathy for their patients. Burnout is associated with higher staff turnover rates, increased absenteeism, and negative outcomes for patients (Brennan, 2017). Negative outcomes for patients may include an increased risk for complications and increased mortality. A healthy and positive work environment can lead to the

delivery of high-quality care and improved outcomes for nurses (Copanitsanou, Fotos, & Brokalaki, 2017). While nurses emphasize health-promoting activities for their patients, they many times do not adhere to healthy behaviors in their own lives (Bonczek, Quinlan-Colwell, Tran, & Wines, 2016). Overall, nurses are inclined to be less healthy when compared to the rest of the nation, so it is imperative that nurses start to take responsibility for their health (Afonso et al., 2017). Caring for the self in a holistic manner is fundamental for all healthcare professionals. Renewal of self will enable nurses to experience balance in their personal and professional lives and find the energy and compassion needed to care for others (Turkel & Lynn, 2015).

This Doctor of Nursing Practice (DNP) scholarly project evaluated an existing nursing quality improvement (QI) initiative to improve the health and wellbeing of the nurses at an urban hospital. The goal of the DNP QI project was to determine the effectiveness of the initiative. The anticipated findings from this project determined the level of success achieved by the QI initiative. These findings have the potential for positive social change for nurses, patients, and institutions. Policies can be developed that advance the development of programs to improve health and wellbeing for nurses. Improved health and wellbeing occur when nurses engage in self-care and health-promoting behaviors that will positively impact their patients, coworkers, families, and communities (American Nurse Association [ANA] 2017a).

Problem Statement

Nurses make up the largest group of licensed and regulated providers in the healthcare workforce of any country and are recognized internationally as being

necessary to the provision of care (Huntington et al., 2011). A stressful work environment can have a major effect on the wellbeing of nurses. In the Health Risk Assessment administered by the ANA, 82% of the nurses surveyed agreed that they are at high risk for stress due to the work environment. Sixty percent of respondents stated that they did not take breaks, come in early, or stay late to complete their work (Afonso et al., 2017). Leverage (2015) stated that a healthy work environment plays a vital role in allowing nurses the time to be able to care for themselves. Caring for self signifies that nurses value their body, mind, and spirit, and feel an obligation for their own health. The American Holistic Nurses Association (AHNA) describes self-care as participating in healthy activities and employing health-promoting behaviors to embrace a healthier lifestyle and improve wellness (Lubinska-Welch, Pearson, Comer, & Metcalfe, 2016).

The local nursing practice problem was that nurses at an urban hospital were experiencing unhealthy work environments and were not engaging in self-care activities to promote health and wellbeing. A QI initiative was implemented at the hospital in 2016, to improve the health of their employees. However, the hospital-wide wellness program did not address the special needs of the nurses. They did not consider the barriers that may inhibit the nurses from participating. Their work, school, and home schedules as well as the high acuity of the patient population did not allow them time to engage in self-care activities (Bailey, 2017). Documentation from a survey also supported the need for the nursing initiative. The survey revealed that 62% of the nurses at the hospital wanted to learn simple changes that could improve their overall health, and 49% saw themselves as only somewhat healthy (Bailey, 2017). The ANA in 2017 implemented the

Healthy Nurse, Healthy Nation initiative to promote health-promoting behaviors in nurses. The ANA (2017a) defines a healthy nurse as one that energetically focuses on making and sustaining a balance in all aspects of their life: physically, emotionally, intellectually, socially, spiritually, personally, and professionally. To meet the needs of the nurses, the hospital created an initiative like the ANA's Healthy Nurse, Healthy Nation. The initiative focused on promoting self-care activities to improve nurses' overall health, decrease stress levels, increase resilience, and promote a more positive work environment.

The goals of the initiative were to engage nurses in healthy behaviors, encourage them to develop individual health plans, and support the nursing units to ensure time for participating in healthy activities. A survey completed 6 months after the start of the initiative revealed positive results. The nurses reported the work environment was more positive and they were overall healthier and more knowledgeable about health promoting activities as well as more resilient to manage stress. Due to the positive response from the survey, the nursing initiative committee decided to open participation to more units. Twenty-four more units volunteered to participate. This DNP project evaluated the effectiveness of the expanded QI initiative after a 3-month period to capture the input from these additional units. This project holds significance for nursing practice because the results of the summative evaluation concerning the effectiveness of the initiative will inform the leadership team regarding how best to move forward. The information gained may also be shared with other organizations to initiate or enhance similar programs. The committee and leadership of the hospital are committed to

promoting positive work environments and supporting the staff to participate in health-promoting activities.

Purpose

The purpose of the DNP project was to evaluate the effectiveness of a QI initiative developed by this organization to address the barriers identified by the nurses that prevented them from participating in health-promoting activities. The program will encourage nurses to engage in healthy behaviors and develop individual health plans. Creating programs that assist nurses to develop professionally and personally will help build resilience and enable them to handle the difficult work environment. The hospital identified the gap in practice of nurses not engaging in self-care activities to promote health and wellbeing. The nurses identified some of the following barriers as work, school, and home schedules, as well as the high acuity of the patient population (Bailey, 2017). The guiding practice question was: Does a nursing initiative that focuses on health-promoting behaviors for nurses increase their resiliency, increase overall health and health knowledge, decrease stress, and promote a more positive work environment over a 3-month period? The nurses and leadership in the hospital recognized that the nursing staff are under a tremendous amount of stress and the work environment was not healthy. They recognized implementation of the QI initiative would allow the nurses to participate in self-care that may promote overall health and increase their resilience. The DNP project addressed the gap in practice by providing data to determine the effectiveness of the expanded initiative 3 months after implementation.

Nature of the Doctoral Project

A literature search was performed using the following databases: CINAHL Plus Full Text, ProQuest Nursing & Allied Health Source, Medline with Full Text, PubMed, Google Scholar, as well as government websites and the ANA website. The key words and phrases used were *self-care, wellbeing, resilience, nursing, stress, burnout, emotional fatigue, healthy behaviors, and role model*. An initial search revealed approximately 75 articles which was narrowed down. The Individual Summary Tool from the Johns Hopkins nursing evidence-based model was used to organize the sources of evidence. This tool organized the literature search and laid the groundwork for the synthesis of the evidence. It provided the ability to document the year the evidence was published, findings, and the level and quality of the sources. The inclusion criteria focused on nurses in hospitals caring for patients. The exclusion criteria consisted of nursing students, home care, pediatrics, obstetrics, self-care in patients, and resilience in patients.

This DNP project has the potential to addresses the gap in practice identified by the hospital. The problem of nurses not caring for themselves increases their inability to handle stress in the work environment. It ultimately may impact their ability to provide efficient and safe patient care and increase their risk for illness and job dissatisfaction (Browne, 2009). The purpose of the DNP project was to evaluate the effectiveness of the implementation of the expanded initiative after a 3-month period. Positive findings regarding the effectiveness of the initiative will validate health-promoting programs not only in this hospital but in other healthcare organizations.

Significance

The primary stakeholders in this initiative were the nurses, patients, organization, nursing leadership, and individuals in charge of the hospital-wide wellness program. The goal of the initiative was that the nursing staff would create healthier work environments, improve their wellbeing and health, decrease their stress, and increase their resilience. Developing resilience and personal wellbeing can assist nurses to deliver quality patient care and flourish despite challenging work environments. The hospital and nursing leadership will benefit from this project as there is a connection between nurses engaging in self-care and productivity, patient satisfaction, decreased absenteeism, and staff wellbeing (Brennan, 2017). Support of leadership also has a direct relationship with nurses' wellbeing. Support from managers and the organization decreases exhaustion, increases satisfaction, and enables nurses to create a more positive work environment (Brennan, 2017). The individuals overseeing the hospital-wide wellness program will also benefit from the participation of the nursing staff on the units. One of the objectives of the initiative was to align the nursing initiative with the hospital-wide wellness program. The nursing staff were encouraged to document their progress on the hospital-wide wellness program website. Earning a specified amount of points allowed the nurse to be eligible to earn \$15.00 quarterly in their paychecks. Incentive programs for personal wellness have been found to be a useful strategy to increase resilience in nurses (Nurse Resiliency, 2018). The patients will also feel the impact from the nursing staff engaging in healthy behaviors. Leverence (2015) posited that patients will benefit from improved patient care when nurses engage in healthy behaviors to become more resilient.

This DNP project will positively contribute to the nursing profession regarding the issue of self-care in nurses and support the need for further research. Nurses need to be involved in further research and creation of interventions that are holistic and support health-promoting behaviors and self-care (Lubinska-Welch et al., 2016). This research may also lead to the creation of more health-promoting programs in healthcare organizations to improve the health and wellbeing of nurses. Continuing to emphasize and demonstrate the effectiveness of nurses engaging in self-care will eventually close the gap in practice. The information gained from this project will also assist other healthcare professionals to realize the significance of performing self-care to promote wellbeing. Burnout is common among healthcare professionals and if it continues to not be addressed, it will harm the individual and may also jeopardize the safety of patients (Ricciardi, 2017).

Nurses who engage in self-care have the potential to serve as role models for positive social change for patients, families, colleagues, and the community. The underlying belief is that to encourage others to change their behaviors, one must make healthy changes themselves. This is based on Bandura's theory that individuals' self-efficacy increases when they role model behaviors they admire in others. If an individual observes a nurse performing a healthy behavior, they will more likely want to participate in the activity (Kelly et al., 2017).

Summary

The nursing profession is very demanding, physically and psychologically, on an individual. The role expectation and demanding work environment place nurses at high

risk for burnout, which can lead to stress and illness. Nurses emphasize health-promoting activities for their patients, but many times do not practice these healthy behaviors in their own lives. Learning to care for the self in a holistic manner is central for all healthcare professionals. It will enable them to experience balance in their personal and professional lives and find the energy and compassion needed to care for patients. This DNP project evaluated the effectiveness of a nursing initiative at an urban hospital to improve the health and wellbeing of the nursing staff. The ANA recognizes that nurses encounter stressful work environments daily, and burnout and emotional fatigue are real threats to their wellbeing. The ANA supports health-promoting activities in the workplace to decrease stress and increase resilience of the nursing workforce. Nurses need to be involved in further research and the creation of interventions that are holistic and support health-promoting behaviors and self-care to decrease the gap in practice. Section 2 will examine the framework and theories which are the foundation of the project. The relevance to nursing practice, background of the practice problem, and role of the DNP student and project team will be analyzed.

Section 2: Background and Context

Introduction

The nursing practice problem was that nurses at an urban hospital were experiencing an unhealthy work environment and not engaging in self-care activities to promote health and wellbeing. A quality improvement initiative was implemented at the hospital to improve the health of their employees, but it did not consider the specific needs of the nurses. Barriers such as work, school, home responsibilities, and the high acuity of the patients did not permit them to participate in self-care activities. Data collected by an initial survey supported the need to institute an initiative specific for the nurses. The initiative focused on promoting self-care activities to improve nurses' overall health, decrease their stress levels, increase their resilience, and promote a more positive work environment. The guiding practice question was: Does a nursing initiative that focuses on health-promoting behaviors for nurses increase their resiliency, increase overall health and health knowledge, decrease stress, and make for a more positive work environment over a 3-month period? The purpose of the DNP project was to evaluate the effectiveness of the QI initiative developed by the hospital to address the barriers that prevented the nurses from participating in health-promoting activities. The information gained from the survey will assist the committee in determining how to move forward with the initiative. The program will encourage nurses to engage in healthy behaviors to promote overall wellbeing. Concepts, models and theories, relevance to nursing, background, role of the DNP student, and role of the project team will be addressed in this section.

Concepts, Models, and Theories

The framework that supports this DNP project is Pender's health promotion model. The model directs the exploration of the biopsychosocial practices that motivate people to engage in health-promoting activities (McEwen & Wills, 2014). It is based on the proposition that individuals are capable of self-analysis and personal change. The model proposes a holistic and humanistic view of health. It focuses on achieving self-actualization and a high level of wellness (Lubinska-Welch et al., 2016). Nola Pender created the model for nursing based on the expectancy-value theory and the social cognitive theory. The expectancy-value theory is that a person is more likely to invest time in pursuing goals that are valuable to them, achievable, and will result in a desired outcome. The social cognitive theory examines how thoughts, behaviors, and the environment interrelate. The theory focuses on self-efficacy and maintains the greater the individual's self-efficacy for a certain behavior, the more the person will participate in it, even if there are barriers. Self-efficacy is an individual's confidence in their ability to successfully complete a task (Lubinska-Welch., 2016). The rationale for using this model is that it supports the premise of the nursing initiative that despite barriers, nurses will commit to engage in self-care activities to achieve the personal benefits of increased health and overall wellbeing.

Pender (2011) described how she based the health promotion model on several assumptions which reflect the perspectives of nursing and the behavioral sciences, which were: individuals seek to articulate their unique health potential, can examine their competencies, interact with the environment that can be transformational, and want to

control their own behaviors. Pender expressed that the greater perceived self-efficacy exhibited by an individual will result in decreased perceived barriers. Individuals are more likely to engage in self-care activities if there are role models and if they perceive they are being supported. Influences in the external environment and competing demands over which the person has little control affect an individual's commitment to engage in healthy activities (Pender, 2011).

The following are terms in the DNP project that need defining. *Burnout* is the accumulation of stress that occurs due to work expectations that are unreasonable or the stressful work environment (Smit, 2017). A *healthy nurse* is one who focuses on maintaining a balance in all aspects of their lives: physical, emotional, and spiritual. It also incorporates their professional and personal lives (ANA, 2017a). *Resilience* is the capability of individuals to cope with difficult situations and to rebound and adapt positively to the stress (Brennan, 2017). *Self-care* is the activities an individual will engage in on their own behalf for the purpose of promoting health and wellbeing (Grafton & Coyne, 2012). *Self-efficacy* is an individual's confidence in their ability to successfully complete a task (Lubinska-Welch et al., 2016).

Relevance to Nursing Practice

Nurses are the largest group of healthcare professionals that are registered and regulated. The clinical environment is stressful due to the complex nature of the patient population with acute and chronic illnesses, pressure to achieve outcomes, economic factors, high turnover rate, and negative work environments (Huntington et al., 2011). Working in these stressful environments can have a major effect on nurses' overall

wellbeing. Historically, self-care practices have not been valued in the nursing profession as much as self-sacrifice. Nurses exhaust their mind, body, and spirit many times to the point of exhaustion. Nurses are, of course, more concerned about the wellbeing of their patients rather than devoting time for themselves. The ANA (2017b) Health Risk Assessment documented that 68% of nurses surveyed stated that they put the safety, wellness, and health of their patients before their own. Finding even just 5 minutes periodically during a shift can rejuvenate them to be better able to care for others (Gonzalez, Pizzi, Thomas, Cooper, & Clyne, 2013). The ANA recognizes that nurses deal daily with stressful work environments and burnout and emotional fatigue are real threats to their wellbeing. The ANA supports health-promoting activities in the workplace to enhance self-care measures, decrease stress, and increase resilience (Lowe, 2013).

Currently, healthcare organizations are beginning to recognize the need for nurses to engage in self-care to be better equipped to deal with the stress of the work environment. The ANA implemented the Healthy Nurse, Healthy Nation initiative in 2017 to encourage health-promoting behaviors in nurses. The findings from the ANA's Health Risk Assessment was the impetus for the initiative. Nurses are often overweight, experience high levels of stress, get less rest than recommended, and work through their breaks (ANA, 2017b). ANA recommendations were for nurses to improve in the areas of nutrition, physical activity, rest, safety, and quality of life. They stated that it is necessary to educate nurses and their employers regarding the significance of self-care. Promoting self-care measures is not only significant to the nurses' health but is vital to ensure that they are capable to meet the demands of the patients they serve. Creating a workforce of

healthy nurses for the future is necessary to meet increasing care demands of complex patient health issues (Bonczek et al., 2016). Delgado, Upton, Ranse, Furness, and Foster (2017) suggested that promoting self-care and developing nurses' resilience is a valuable strategy to diminish stress and burnout.

Despite the evidence, a considerable gap in practice remains regarding what is known to be happening in the practice setting concerning self-care, suggestions for change, and current changes occurring (Huntington et al., 2011). For strategies to be successful, nurses must first acknowledge that change is necessary. This may involve a period of self-reflection that will move them into action to create a balance in their lives (Mullen 2015). Nurses who engage in techniques to decrease stress experience less anxiety and depression and feel more competent in their jobs. Feelings of joy, tranquility, and selflessness can be enhanced with stress management and resiliency training to improve nurses' overall wellbeing (Magtibay, Chesak, Coughlin, & Sood, 2017). Smit (2017) said that creating a self-care plan that includes some of the following may help restore balance: good nutrition, adequate rest, exercise, muscle relaxation, massage, yoga, humor, and meditation.

Nurses tend to develop thinking patterns that are habitual and cause the nurse to worry about future events and to deliberate over incidents that have already happened. This way of thinking can intensify stress, affect decision making and impact patient safety outcomes. Mindfulness is a strategy that can help the nurse shift their thoughts to a more positive and current experience. Neuroscience research supports that routine mindfulness produces structural changes in the brain that fortify the regulation of

emotions and self-awareness (Myers, 2017). The present DNP project advances nursing practice by addressing the gap in practice by providing the data from the survey to determine the effectiveness of the expanded healthy initiative. The survey identified health promoting activities and behaviors that the nurses found helpful in assisting them to be more resilient to handle the daily stress of their complex work environments.

Local Background and Context

The local nursing practice problem was that the nurses at an urban hospital were experiencing unhealthy work environments and are not engaging in self-care activities to promote health and wellbeing (Bailey, 2017). A QI initiative was implemented at the hospital several years ago to improve the health of their employees. However, the hospital-wide wellness program did not address the needs of the nurses. Administration did not take into consideration potential barriers that may interfere with the nurse's ability to participate in self-care activities. In a survey, the nurses revealed they wanted to learn more about how to increase their health knowledge and overall wellbeing. They identified their work and school schedules, home responsibilities, and the complexity of the patient population as barriers for not engaging in self-care activities (Bailey, 2017). The DNP project addressed this initiative that focuses on health promoting behaviors for nurses to increase their resiliency, increase overall health and health knowledge, decrease stress, and promote a more positive work environment over a three-month period.

The urban hospital is part of a larger health system that has a history in the community since the late 1700's. It has a commitment to the community and to their

employees to provide them an environment that enriches their lives. The hospital-wide wellness program is a key initiative of the hospital, so it made sense when the vice president of nursing commissioned a team to develop a wellness initiative specific for the nurses. A goal of the nursing initiative was to develop a collaborative relationship with the hospital-wide team. The administration is supportive of the nursing initiative to improve the overall health of the nursing community. The goals of Healthy People 2020 were congruent with the goals of the nursing initiative to establish social and physical environments that endorse health and wellbeing, foster healthy behaviors throughout life, and empower people to make knowledgeable health decisions (Office of Disease Prevention and Health Promotion, 2018).

Role of the DNP Student

I completed my DNP project at the hospital where I did my practicum experience. Since I began my first practicum, I attended the healthy nursing initiative meetings and events. My role as the DNP student was to evaluate the effectiveness of a quality improvement initiative developed by this organization. I answered the focus question: does a nursing initiative that focuses on health promoting behaviors for nurses increase their resiliency, increase overall health and health knowledge, decrease stress, and promote a more positive work environment. The QI nursing initiative will give the nurses an opportunity to engage in healthy behaviors that will help them to build resilience to be able to handle the difficult work environment. My motivation for this DNP project is that I understand as a nurse how stressful our profession is both physically and mentally. I am concerned about the burnout nurses may experience and how this affects their wellbeing,

job satisfaction, turnover rate, and patient outcomes. Our patients are our priority, so we need to care for ourselves to be able to care for them in a safe manner. It is imperative to support nurses to engage in self-care activities to improve their overall wellbeing and increase their resiliency to handle the stress of the work environment and provide quality patient care. As a nurse educator, I am concerned about our future nurses and how to better prepare them to deal with the complex nature of the nursing profession. It is essential that nursing programs incorporate the concepts of self-care and resilience into their curriculums. I was not aware of any biases that would impact my ability to complete this DNP project.

Role of the Project Team

The project team consisted of three nurses and me. The first is a clinical nurse specialist, second is the coordinator of educational services, and the third is a retired nursing director of medical services. They are all passionate about the initiative which is evident by their dedication. The project team developed and administered a survey via email to the nursing staff of the units participating in the nursing initiative. The survey gathered information to assess if a nursing initiative that focuses on health promoting behaviors increased their resiliency, increased overall health and health knowledge, decreased stress, and promoted a more positive work environment. The project team administered the survey in the fall with a deadline date for responses. Once the survey was closed, the results were analyzed. The DNP project addressed the gap in practice by providing the data to determine the effectiveness of the expanded initiative three months after implementation.

Summary

Stressful work environments, burnout, and emotional fatigue are very real threats to nurse's wellbeing. Promoting self-care measures is not only significant to the nurses' health but is vital to ensure that they can care for their patients. The local nursing practice problem was that the nurses at an urban hospital were experiencing unhealthy work environments and not engaging in self-care activities to promote health and wellbeing (Bailey, 2017). To address the health of the employees the organization developed a hospital-wide wellness program, but this program did not address the special needs of the nurses. The vice president of nursing commissioned a team to develop a wellness initiative specific for the nurses based on the ANA initiative. The QI initiative focused on promoting self-care activities to improve the nurse's over-all health, decrease their stress levels, increase their resilience, and promote a more positive work environment. The framework that supported this DNP project was Pender's health promotion model. The model supported the premise of the nursing initiative that despite barriers nurses will commit to engage in self-care activities to achieve the personal benefits of increased health and overall wellbeing. My role as the DNP student was to evaluate the effectiveness of the quality improvement initiative developed by this organization. The sources of evidence addressed in section 3 will support the need for the initiative and give insight to the project team about how to advance the self-care concept with the nurses of the hospital.

Section 3: Collection and Analysis of Evidence

Introduction

Nurses who care for patients daily with complex needs are at risk for prolonged exposure to high stress. Stress may cause burnout, negative responses to work, and physical and emotional symptoms that impact nurses' ability to function in their personal and professional life. Nurses who are engaged in self-care cope better with job stress and demonstrate less burnout and compassion fatigue (Smit, 2017). It is the professional and ethical responsibility of nurses to care for their physical, psychosocial, and spiritual wellbeing so that they can provide compassionate and competent care to their patients (Steinwidel, 2015). The problem is that nurses generally do not take the time to care for themselves and engage in self-care activities to promote health. Hurley, Edwards, Cupp, and Phillips (2017) posited that like the general population, nurses struggle with unhealthy behaviors that may impact their ability to be effective role models. The local nursing practice problem was that the nurses at an urban hospital are experiencing unhealthy work environments and are not engaging in self-care activities to promote health and wellbeing. In a survey conducted by the hospital, 18% of the nurses disclosed that they felt emotionally drained from their work, 12% felt exhausted when they woke up and knew they had to face another day at work, and 18% felt depleted at the end of their shift (Bailey, 2017). The purpose of the DNP project was to evaluate the effectiveness of an existing QI initiative developed by this organization that addresses barriers identified by the nurses that prevented them from participating in health-promoting activities. Promoting self-care measures is not only significant to the nurses'

health but also vital to ensure that they are capable to meet the demands of the patients they serve. Grafton and Coyne (2012) posited that through self-care practices that focus on physical, psychological, social, and spiritual wellbeing, resilience can be developed or improved. Caring, loving, and respecting oneself is just as significant as caring for other people and is necessary if the nurse is going to provide compassionate, efficient, and safe patient care. The goal then of many healthcare systems is to turn unhealthy environments into settings that encourage nurses to participate in programs that promote healthy activities (Lubinska-Welch et al., 2016). Creating a workforce of healthy nurses for the future is necessary to meet the increasing care demands of complex patient health issues (Bonczek et al., 2016). The major elements of the study that will be addressed in Section 3 include the practice-focused question, sources of evidence, evidence generated for the DNP project, and analysis and synthesis.

Practice-Focused Question

The local nursing practice problem was nurses at an urban hospital were experiencing unhealthy work environments and not engaging in self-care activities to promote health and wellbeing. A hospital-wide wellness program was implemented at the hospital in 2016 to improve the health of their employees. However, the nursing leadership did not believe the hospital wellness program addressed the specific needs of the nurses. A committee was commissioned to create a QI nursing initiative to empower the nursing staff to embrace the idea of self-care. Prior to the start of the initiative, a six-question survey was distributed to the nurses to elicit their beliefs concerning their health. The findings from the survey strongly supported the need to implement the nursing

initiative. Sixty-two percent of the nurses stated that they wanted to learn simple changes that could improve their overall health and 49% saw themselves as only somewhat healthy (Bailey, 2017). The initiative was piloted on six units. Unit champions were enlisted to assist the nurses on the pilot units to engage in self-care. Champions are facilitators or change agents that advance the initiative of implementing self-care activities on the units. Leverage (2015) stated that identifying staff to be champions is a strategy to encourage team building and resilience. Champions are expected to attend monthly meetings and share reports concerning the engagement of nursing staff in healthy activities.

The hospital identified the gap in practice of nurses not engaging in self-care activities to promote health and wellbeing. The nursing initiative committee conducted a 6-month survey to gauge how the initiative was progressing. In this survey, the nurses identified barriers that interfered with them engaging in self-care. Some of the barriers included their work, school, and home schedules, as well as the high acuity of the patient population. It also revealed that over the first 6 months of implementation, 24% of the nurses reported a more positive work environment, 24% stated they were healthier and more knowledgeable after participating in the healthy self-care activities, 13% revealed they were less stressed at work, and 16% were more resilient to manage stress (Bailey, 2017). Because of the positive responses from the survey, the committee expanded the number of units participating. The DNP project focused on this expanded initiative. The practice focused question was: Does a nursing initiative that focuses on health-promoting behaviors for nurses increase their resiliency, increase overall health and health

knowledge, decrease stress, and promote a more positive work environment over a 3-month period?

The purpose of the DNP project was to evaluate the effectiveness of this expanded QI initiative developed by this organization that addressed barriers identified by the nurses that prevented them from participating in health-promoting activities. The purpose and practice-focused question aligned as a survey was conducted to evaluate if there was further improvement in terms of the number of nurses engaging in self-care activities despite identified barriers. The survey measured resilience, overall health and health knowledge, stress, and positive work environment.

The terms resilience and positive work environment needed further clarification. Resilience is the “ability of an individual to effectively cope with and adapt positively to adverse situations” (Brennan, 2017, p. 43). Individuals who are resilient possess certain characteristics that include self-assurance, optimism, patience, self-efficacy, faith, adaptability, and a sense of humor. Resilience is a dynamic process and an intrinsic energy within an individual (Grafton, Gillespie, & Henderson, 2010). Developing an individual’s resilience can make a healthier work environment, decrease absenteeism, increase morale, and enrich collaborative relationships (Sergeant & Laws-Chapman, 2012). Nurses who have learned to adapt to stressful work environments are called resilient. When resilience was first examined in the literature, the focus was on the personal characteristics or strengths of the individual. Today, the focus has shifted to the workplace environment and the support systems that play a vital role in helping nurses flourish even in tough situations (Lowe, 2013).

Work environments are defined in various ways and can be either a positive or negative place. Al-Hamdan, Manojlovich, and Tanim (2017) described a work environment as one that can facilitate or restrict professional nursing practice. The work environment can be a significant predictor of job satisfaction and affects a nurse's intent to stay in the job. A positive and quality work environment is one where individuals like going, there are multiple resources, and they feel supported by their colleagues and the organization (Kirkham, 2016). Cho and Han (2018) said that organizations need to focus on assisting nurses to sustain healthy lifestyles and improve the work environment to include adequate resources, reciprocal collaboration between nurses and physicians, and health-promotion activities in the workplace that encompass a holistic approach.

Sources of Evidence

The sources of evidence that address the practice-focused question published between 2008 and 2018 and are from CINAHL Plus Full Text, Medline Full Text, Google Scholar, government websites, and the ANA website. The following are key words and phrases: *self-care, wellbeing, resilience, nursing, stress, burnout, emotional fatigue, healthy behaviors, role model, and work environment*. A search revealed approximately 75 articles, with 30 considered appropriate for this project. The Individual Summary Tool from the Johns Hopkins nursing evidence-based model was used to organize the sources of evidence.

The data collected by the organization also served as a source of evidence for the project. The first survey revealed 62% of the nurses wanted to learn simple changes that could improve their overall health, and 49% saw themselves as only somewhat healthy

(Bailey, 2017). This data was the impetus for the organization to develop the nursing initiative. The second survey conducted by the organization identified barriers that interfered with the nurses being able to participate in the self-care activities. The evidence from the literature, websites, and organization supported the purpose of the DNP project to evaluate the effectiveness of a QI initiative developed to address the barriers identified by the nurses that prevented them from participating in health promoting activities.

Evidence Generated for the Doctoral Project

Participants

The individuals that took part in the survey were the registered nurses working on the units that were participating in the nursing initiative. The initiative was first piloted on six units. The responses from the six-month survey were so positive, more units joined the initiative. Some of the types of units participating include medical and surgical units, intensive care units (ICU), operating room (OR), post anesthesia care unit (PACU), labor and delivery (L&D), chemical dependency unit (CDU), rehabilitation unit, and medical behavioral unit (MBU). All nurses on the participating units were emailed the survey and invited to participate. Involvement of the participants was voluntary, and no identifying information was collected; therefore, their participation was anonymous. This is the most secure way to ensure that data cannot be linked to the participants (Polit & Beck, 2018). The questions on the survey were developed to obtain specific feedback from the nurses concerning their stress levels, resilience, health knowledge, overall health, and work environment.

Procedures

The tool to collect the data was a survey created by the nursing initiative committee. The nursing initiative committee consisted of three individuals from the organization and the doctoral student. The members of the committee included: an education specialist, a professional development specialist, and the third is a recently retired nursing director. Polit & Beck (2018) posited that the best way to assess how people feel is to ask them to use a survey where they will self-report. The survey consisted of 16 questions and could be completed in 15 to 20 minutes. The format of the questions was multiple-choice, open-ended and dichotomous. When creating questions, it is essential that the wording of each question is clear, absent of bias, and at the appropriate reading level (Polit & Beck, 2018). The survey was designed to measure the effectiveness of the expanded nursing initiative by eliciting responses from the nurses concerning stress, resilience, health knowledge, overall health and work environment. The survey was distributed by email and analyzed using Qualtrics, a survey company used by numerous organizations in the United States. The organization recently implemented Qualtrics to replace the existing survey company. The organization cited Qualtrics' compliance with the Health Insurance and Portability and Accountability Act (HIPAA) and its robust and dynamic survey tool as reasons for the change. It will become the exclusive survey tool for the department of nursing due to its ability to protect the sensitivity of the data collected (McFarland, 2018).

To ensure validity of the survey, it is necessary that it measure the intended constructs. There are four different features of measurement validity: face validity,

content validity, criterion validity, and construct validity. For this survey face and content validity were assessed. Face validity implies an instrument appears to measure the targeted construct and content validity measures if the tool has an appropriate number of questions for the construct to be measured (Polit & Beck, 2018). To establish face and content validity four experts examined the survey to verify that it has relevance for what it is measuring. The four experts consisted of the following individuals: a staff nurse, education specialist, professional development specialist, and the wellness coordinator.

Protections

I have been working with the nursing initiative committee for about 15 months and have developed a positive working relationship with them. The three committee members that work at the organization bring years of nursing and leadership experience that has helped move the initiative forward. Over these months, I have also developed relationships with the nurses on the participating units. Some of them are unit champions that attend the monthly meetings while others are the staff nurses, I meet on the units when attending some of their activities. I did not anticipate any ethical issues related to this DNP project. The participants were asked to participate on a voluntary basis and their identity remained anonymous. To ensure anonymity, Qualtrics has a feature where no identifying information such as an individual's name or email address is collected (Qualtrics, 2018). The data was stored internally within Qualtrics and not by the organization. McFarland (2018) states Qualtrics adds layers of security to their protocols to ensure the organization is compliant with HIPAA.

Upon approval of the Doctoral Project Committee, the DNP project was forwarded to Walden's Institutional Review Board (IRB). The role of the IRB is to oversee that research conducted ensures the benefits outweigh potential risks and the mission of the IRB is that all research meets the institutions ethical standards (Walden University, 2018). The IRB at Walden will be the only review process. The participating organization determined that the DNP project did not need to go through their approval process.

Analysis and Synthesis

Qualtrics is a software program that provides a comprehensive data collection and analysis tool. The program will be used to record, track, organize, and analyze the data collected (Qualtrics, 2018). Qualtrics was chosen by this organization for its ability to ensure privacy and protect the data collected. The outcome findings will be represented as percentages for each question and graphs will be generated to convey the findings in a visual format. Descriptive statistics, such as percentages, are most commonly used to summarize data and reveal characteristics about the sample (Grove, Burns, & Gray, 2013). Inferential statistics, grounded in the laws of probability, provide a way to allow the researcher to draw conclusions about a population (Polit & Beck, 2018). When analyzing the data, inferences may be drawn when looking at the number of activities the nurses participated in and how they described their overall health, stress level, resilience, and health knowledge. It is important to identify surveys with missing data because they may need to be excluded which, if too many, may impact the data findings (Grove et al., 2013). This is not anticipated to be a problem as Qualtrics will not allow the participant

to progress to the next question if the current one is not answered. Based on the results of the analyzed data the effectiveness of the quality improvement nursing initiative will be determined.

Summary

The local nursing practice problem was nurses at an urban hospital were experiencing unhealthy work environments and not engaging in self-care to promote health and wellbeing. The leadership of the organization commissioned a committee to create a quality improvement nursing initiative to empower the nursing staff to engage in health promoting activities. The evidence from the literature and organization supported the purpose of the DNP project to evaluate the effectiveness of the initiative. A 16-question survey was developed by the nursing initiative committee and validated by content experts. The survey was distributed by email and analyzed using Qualtrics. The individuals that took part in the survey were the registered nurses working on the units that were participating. Involvement was voluntary, and no identifying information was collected; therefore, their participation was anonymous. The Chi-Square test of independence was used to determine if there was a relationship between participation in unit activities and the participants' health, health knowledge, stress level and resilience. Section 4 will focus on the findings, implications, recommendations, and strengths and limitations of the DNP project.

Section 4: Findings and Recommendations

Introduction

Burnout for nurses continues to be a problem that causes emotional exhaustion, unfavorable health outcomes, increased nurse turnover, and decreased patient satisfaction. New nurses are leaving the profession within the first year because of the high stress that they are experiencing (Hylton, Rushton, Batcheller, Schroeder, & Donohue, 2015). The local nursing practice problem is that nurses at an urban hospital are experiencing unhealthy work environments and are not engaging in self-care activities to promote health and wellbeing. The organization identified the gap in practice of nurses not engaging in self-care activities to promote health and wellbeing. In a survey, the nurses identified that they wanted to learn more about healthy activities but identified barriers that impeded them from putting self-care as a priority. The guiding practice question was: Does a nursing initiative that focuses on health-promoting behaviors for nurses increase their resiliency, increase overall health and health knowledge, decrease stress, and promote a more positive work environment over a 3-month period? The purpose of the DNP project was to evaluate the effectiveness of a QI initiative developed by this hospital to encourage nurses to participate in health-promoting activities despite the barriers identified by the nurses.

The initial survey conducted by the organization supported the need for the QI initiative. Another survey distributed to the six pilot units evaluated the effectiveness of the initiative 6 months post-implementation. This survey revealed the barriers regarding why some of the nurses were not participating, but it also revealed positive data that the

nurses who were participating perceived themselves as healthier and more resilient to handle stress. Due to the positive response, the initiative was expanded to include 24 more units in the hospital. This DNP project evaluated the effectiveness of the expanded QI initiative after a 3-month period to capture the input from the additional units. The 16-question survey was designed to measure the effectiveness of the expanded initiative by eliciting responses from the nurses concerning stress, resilience, health knowledge, overall health, and work environment. The survey was distributed and analyzed using Qualtrics. Descriptive and inferential statistics were used to summarize the data and reveal the effectiveness of the QI initiative.

Findings and Implications

The survey was sent to the units in the organization that were identified by the committee to be participating in the healthy nurse initiative. The survey was distributed to all full, part time, and float pool nurses. Analysis was completed using Qualtrics. The sample size was 1,248. Thirty-one percent ($n = 387$) of the respondents took part in the unit activities while 69% ($n = 861$) did not participate. A Chi-square test of independence was used to determine if there was a relationship between participation in unit activities and the participants' health, health knowledge, stress level, and resilience. If the Chi-square result is equal or greater than the degrees of freedom, the results are statistically significant (Grove, Burn, & Gray, 2013). Table 1 summarizes the results which revealed that no significant relationship exists between overall participation and their health, health knowledge, stress level, and resilience.

Table 1

Overall Participation and Outcomes

After participating in the healthy activities, you would consider	<i>Improved</i>	<i>Same</i>	<i>Worse</i>	<i>n</i>	<i>Chi</i>	<i>df</i>	<i>P</i>
your overall health as:	190(60%)	123(39%)	4(1%)	317	0.00	2	1.00
your health knowledge as:	208(66%)	108(34%)	0(0%)	315	0.00	2	1.00
your stress level at work as:	132(42%)	169(54%)	13(4%)	314	0.00	2	1.00
your overall stress level as:	140(43%)	166(53%)	10(3%)	316	0.00	2	1.00
your level of resilience as:	137(43%)	153(48%)	26(8%)	316	0.00	2	1.00

There was a positive relationship in terms of the number of activities the nurses participated in and their health, health knowledge, and stress level as reflected in Table 1. Sixty-two percent of the nurses participated in one to two activities, 20% in three to four activities, and 18% in five or more healthy activities. There was no relationship between the number of activities and the nurse's level of resilience.

Table 2

Number of Activities and Outcomes

<i>Indicator</i>	<i>5 or more</i>	<i>3 to 4</i>	<i>1 to 2</i>	<i>n</i>	<i>Chi</i>	<i>df</i>	<i>P</i>
Overall Health	58	61	194	313	20.68	4	0.00*
Health Knowledge	58	60	194	312	21.32	4	0.00*
Stress Level at Work	58	60	194	311	20.36	4	0.00*
Overall Stress Level	58	59	194	313	10.25	4	0.04*
Resilience	58	59	195	312	6.66	4	0.15

Note: *Denotes Statistical Significance

In the 6-month survey that was previously completed, it cannot be assumed that the same participants took both surveys, so a true comparison cannot be made. Six months ago, the rate of participation in unit activities was 38%, but in this survey, the rate was 31%. One reason may be that all the new units that have joined the initiative do not all have unit champions. For an initiative like this involving so many individuals, it is

imperative to find other staff to be unit champions to support and motivate the unit staff during the self-care activities. Leverance (2015) stated that it is essential to identify individuals who will commit to being mentors to encourage team building and resilience. As previously noted, there is a relationship between the actual number of activities and the nurses' perceived health, health knowledge, and stress levels. When looking at the core question of this research project regarding resilience, no relationship between the activities and resilience exists. When comparing the findings of the 6-month survey and the current one, the percentages have not changed when the nurses were asked if participating in the activities increased their resilience. In both, 43% identified that they were more resilient, 48% the same, and 8% less resilient. Lowe (2013) said that sources of resilience originate from an individual's personal characteristics and environment. Supportive environments assist the individual to balance the effects of challenging and stressful environments and help them develop resilience. Since the 6-month survey, the percentage of nurses feeling that their work environment was more positive increased from 24% to 29%. The fundamental role of leaders within healthcare is to develop and sustain workplace environments that are conducive to the team to provide quality patient-centered care. It is their role to empower nurses with effective skills and strategies to be able to handle the stressful and demanding work environment (Pipe et al., 2012).

There were several write-in questions relevant to the practice-focused question where respondents shared comments. The most common reason given regarding why they choose to participate in the unit activities was to either improve or maintain their overall health. A second reason was to lose weight or maintain a healthy weight. Some

other reasons were that it would better equip them to take care of their patients, have more energy, feel less stressed, and be more positive and motivated. The 69% who answered that they did not participate in the initiative identified several barriers. There were three common themes that emerged regarding why they did not participate. The first was that they were busy. They stated they were busy due to their workload, because they were short staffed, busy with life in general, and busy because they were new nurses. The second was time. They stated they did not have enough time to participate due to their work schedules and the workload on their units. Several stated there is not even time to take a break. The third was work. They commented that they work too much, or they work during the night shift, and activities are not offered during this shift. The barriers identified were like the ones given in the 6-month survey. Respondents also shared the healthy activities they found most beneficial, such as walking, eating healthy, yoga, essential oils, stretching, and Zumba.

An implication of the findings for the nurses is that participating in numerous healthy activities will increase their overall health and health knowledge and decrease their stress levels. The institution remains committed to the health and wellbeing of their staff by supporting this initiative and the overall wellness program of the hospital, which has a participation rate of 41%. Creating an environment that demonstrates caring and fosters collegial relationships has been shown to positively affect patient care and the overall wellbeing of the caregiver (Lowe, 2013). The potential implications for positive social change revolve around the impact the nurses will have as role models for their patients, families, colleagues, and community. Eighty-six percent of nurses believe that

they have a professional and ethical duty to be role models in terms of a healthy lifestyle. The underlying belief is that to encourage others to change their behaviors, one must make the healthy changes themselves. This is based on Bandura's theory that an individual's self-efficacy increases when they role model behaviors they admire in others. If an individual observes a nurse performing a healthy behavior, they will more likely want to participate in the activity (Kelly et al., 2017). Nurses who have self-awareness about their physical, emotional, and spiritual wellbeing will be more likely to model this behavior to their patients, colleagues, families, and communities (McElligott, Siemers, Thomas, & Kohn, 2009).

Recommendations

After reviewing and discussing the findings with the project team, the following recommendations were examined to advance the healthy initiative. The first was including educational programs on resiliency. Teaching nurses' strategies to foster healthy practices may help them understand how to care for themselves and build resiliency. Some strategies may include: mindfulness, huddles to foster relationships, and opportunities to engage in sharing expressions of gratitude (Afonso et al., 2017). Smit (2017), suggests expressive writing as a tool to build resiliency. Journaling can help the nurse express thoughts and feelings, manage stress, and build confidence. Second, offer the activities at different times so that nurses on night shift can engage in the unit activities. It is important for the unit champions to consider timing the activities so to accommodate the night shift nurses' schedule. Third, create a unit Facebook page and/or information bulletin board on the unit to enhance engagement. Communication strategies

to disseminate information about the activities can promote participation. A few of the units have done both already and stated that these strategies have been successful in keeping everyone informed. Fourth, offer lunch and learn educational programs conducted by content experts to continue to increase the nurse's health knowledge and develop a healthier and more resilient workforce. Despite the positive results of reported increased health and health knowledge the committee feels it is important to continue to support the nurses in this endeavor. Fifth, increase the number of unit champions. There should be at least one champion on each of the participating units. To help support the unit champions they will also participate as a champion in the overall wellness program. This collaboration will give the unit champions added support and additional resources.

Contributions of the Doctoral Project Team

The findings were shared with the team members. They were appreciative of the information collected and felt optimistic about the findings that supported the effectiveness of the expanded initiative. The team shared their recommendations they thought might help move the initiative forward and I shared my ideas. They plan to initiate the lunch and learn sessions and the resiliency educational programs. They will attempt to recruit more unit champions, encourage the use of Facebook and bulletin boards to enhance communication, and help the unit's problem solve creative ways to offer activities so nurses on different shifts can participate. The hope of the committee and myself was that the findings would be shared with other departments or organizations to initiate or enhance similar programs. The environmental services department has

already approached the committee to find out how they can start a similar initiative and the main hospital in the healthcare system is adopting the initiative with their nursing staff. The team is eager to continue the initiative and build a nursing workforce that will be ready to meet the challenges of their profession.

Strength and Limitations of the Project

A strength of the DNP project was the sample size that participated in the survey. A second strength is the DNP project addressed the gap in practice and demonstrated that nurses are engaging in healthy activities despite barriers and reported increased health, health knowledge, and decreased stress levels. A limitation of the DNP project is that it was only completed in one organization. There may also have been some bias. The bias was not systemic but some of the respondents may have answered the questions regarding improvement in health, health knowledge, and stress according to what they think the researcher expected to see. This would be attributed to the fact that they are healthcare providers and have knowledge of this topic. A limitation may have been that no data was collected on the gender, age, or education level of the nurses. Future projects may revolve around resilience since that did not appear to be impacted by nurses engaging in self-care activities. Further research needs to be done in the area of self-care, resilience, and positive work environment and the impact on retention of nurses and building a strong workforce.

Summary

The survey was sent 30 units in the organization that were identified by the committee to be participating in the healthy nurse initiative. The survey was distributed to

all full, part time and float pool registered nurses on these units. Analysis was completed using Qualtrics. Thirty-one percent ($n=387$) of the respondents took part in the unit activities while 69% ($n=861$) did not participate. The Chi-Square test of independence was used to determine if there was a relationship between participation in unit activities and the participants' health, health knowledge, stress level and resilience. The results revealed that no relationship existed between overall participation and the nurses' health, health knowledge, stress level, and resilience. There was a positive relationship in the number of activities the nurses participated in and their health, health knowledge, and stress level. There was no relationship in the number of activities and the nurse's level of resilience. The most common reason given as to why they choose to participate in the unit activities was to either improve or maintain their overall health. Barriers identified were that they were too busy due to their workload and life in general. Nurses that worked night shift commented that the activities were not offered on that shift. Recommendations included educational programs on resiliency, offering activities at different times, creating ways to disseminate information about future activities, offering lunch and learn educational programs on health-related topics, and increasing the number of unit champions to increase motivation and participation. A strength of the DNP project is the sample size that participated in the survey. A second strength is the DNP project addressed the gap in practice and demonstrated that nurses are engaging in healthy activities despite barriers and reported increased health, health knowledge, and decreased stress levels. A limitation of the DNP project is that it was only completed in one

organization. Further research should be done in the areas of self-care and resilience to build a stronger nurse workforce.

Section 5: Dissemination Plan

Dissemination Plan

The plan to disseminate the information from this DNP project to the institution will be done as an oral presentation using PowerPoint. The nurses, nurse managers, and other support staff of the participating units will be invited to attend. The Vice President of Patient Care Services who commissioned the committee to start the initiative will also be invited. My project team was very supportive, and we are looking forward to sharing the data with the nurses and hospital leadership. The findings of the project and recommendations will assist the committee and leadership of the hospital to make decisions about how to move forward with the QI initiative. Organizations will benefit positively if employees engage in wellness activities and feel supported and cared for by their employer. It is also important that, for programs such as this to be effective, frontline staff see the leadership of the organization engaged in the initiative (Jacobs, McGovern, Heinmiller, & Drenkard, 2018).

Based on the nature of the topic, nurses working in high stress areas will benefit from this information to learn how participation in self-care can benefit them personally and professionally. New nurse graduates would be another important audience. Residency programs would be an excellent way to share this information with new nurses to help them learn the importance of taking care of self themselves. Promoting resilience and self-care in new nurses can help foster a smoother transition to practice and ensure retention of these nurses in the workforce (DeGrande, Liu, Greene, & Stankus, 2018).

This information would also be beneficial to nursing students and nurse educators. Nursing students experience high levels of stress that may be caused by academic, financial, or personal issues. Poor management of stress may impact their ability to perform well in their academic and clinical work and negatively affect their capacity to show empathy for their patients. Kramer (2018) found that nursing students who participated in self-care activities reported that they experienced decreased stress, better concentration, academic performance, and problem solving. As a nurse educator, I plan to present at conferences to nurse educators to make them aware of the significance of building a strong nursing workforce that knows the importance of taking time for self-care. I plan to present to the Organization of Associate Degree Nursing and the National League for Nursing.

Analysis of Self

During the last two and half years, I have learned about research, healthcare, healthcare systems, and myself. I can still remember my first discussion post. It had been 18 years since I completed my master's degree, which was an all face-to-face program so I did not know if I would be up to the challenge of an online program. I found that I liked online learning and excelled in my course work. With each course I completed, my confidence grew, and I knew that I was closer to achieving my personal and professional goal of obtaining my DNP. Becoming a scholar means developing research skills that will advance nursing knowledge and the profession. A scholar has a strong foundation in evidence-based practice and research with personal characteristics such as a passion for learning, intrinsic motivation, and resilience (McBride et al., 2017). I encountered some

personal health challenges along the way but found that I was resilient and completing my goals was important to me. My preceptor for my practicum courses was also on my DNP project team. She supported me in terms of being the project manager and made sure I had access to individuals in the organization who were instrumental in assisting me to get my survey posted and data collected. In my job, I have been involved in small data-gathering activities, but with this it was different. I felt such a sense of responsibility to make sure that everything was done correctly because of the impact on future activities at that organization and other healthcare systems. My long-term professional goals include continuing as a nursing program director, which puts me in a position to impact the lives of future nurses. My faculty all agree with incorporating self-care and resilience into our program's curriculum. I will be open to other leadership opportunities in the college that will enable me to engage in the community with other schools and healthcare systems. Doing this will help to build a network of nurses who are well-prepared to transition into practice and provide high quality patient-centered care. McBride et al. (2017) stated that nurses in leadership roles in education and healthcare systems can impact patient outcomes and improve the efficiency of care.

Summary

Nurses work in stressful work environments and put their patients' wellbeing before their own, but with the findings from this project and future research, this could change. For nurses to provide quality patient-centered care, it is essential that they engage in self-care practices. The findings from this DNP project support that the initiative has been effective in decreasing nurses' stress levels and increasing their health and overall

health knowledge. The participating nurses also found that the work environments were more positive. A healthy nursing workforce is vital to deal with the complex needs of patients and communities. Nurses who engage in self-care will be better equipped to handle the stress of the profession while improving their overall health and the health of their patients.

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